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APPLICANTS

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** CONTINUING DATA *****
NO

** FOREIGN APPLICATIONS *****
NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/12/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials:	STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 4
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TITLE
 Determining stimulation levels for transcranial magnetic stimulation

FILING FEE RECEIVED 700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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